

MULTIPLE  
FEE DAY  
(FOR USE)  
ADENT CLAIM  
ATTACH SHEET  
H FORM PTO-875)

SERIAL NO.  
00 9/807355  
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/					
TOTAL DEP.	23	↔	↔	↔	↔	↔
TOTAL CLAIMS	24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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TOTAL IND.		↓		↓
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]

BEST AVAILABLE COPY